U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E (My-/Mg)	
1. File Number U 9 309)	2. Fiscal Year Covered From:
2 M (5 m3 1 (002) 1 to my sept	01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Louis Curcio	Name Ufch Local 1-3
a Hawe and advices of per on Filtre	Labor Organization File Number ロスー 28 を
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 87:109 3444 Street, Apt. 20	Street, 8402 1874 AVENUE
City JACKSON HEIGHTS	City BROOKLYN
State New YORK ZIP Code +4 1/3/2	State NEW YORK ZIP Code + 4 11214
5. Position in labor organization. Vice President	
Enter appropriate data below if, during the past fiscal year your spouse or reinor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name .	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	P.D. PARAGIC
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Xaus Cuncio	On 5/15/06 (7/8) 33/- 23// Date Telephone Number
Form I M-30 (2003)	

Name of Person Filing Louis Curcio	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name .	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Recm No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	Approximate dollar value of such dealing.      Nature of interest held or income received.
State ZIP Code + 4	
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	12.b. Amount.
C. Received from any employer (other than an employer covered unde	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  Acrowances # 700
Name UFCW Local 1-d	7,000,000
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 8402 18 TH AVENUE	,
City Brookeryn	
State NEW YORK ZIP Code + 4 1/214	

14.b. Amount of payment.

or Consultant

13.b. Is the Business an Employer 🔀 ,

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